

**MILITARY DEPARTMENT  
STATE OF SOUTH CAROLINA  
HQS, SOUTH CAROLINA STATE GUARD  
OLYMPIA ARMORY, 551 GRANBY LANE  
COLUMBIA, SOUTH CAROLINA 29201**

\_\_\_\_\_  
DATE

**State Guard Applicant:**

Thank you for your interest in the South Carolina State Guard. You have taken the first step toward becoming a member of one of our State's oldest military organizations. Because the State Guard is a part of the South Carolina Military Department, there are a number of qualifications that all new personnel must meet. Some of these requirements are as follows:

- Seventeen (17) years of age with parent/guardian consent.
- A US citizen or a resident of South Carolina with intentions of becoming a US citizen.
- Meet height/weight standards (See attached copy.)
- Meet basic medical condition criteria. (Cannot have a medical condition that could cause injury to oneself or others.)
- No record of Drug or Alcohol abuse.
- An Honorable or General discharge from prior active or reserve military service.
- Cannot be a current member of an active or reserve component of the US Armed Forces.
- A high school diploma or GED and other acquired skills to be enlisted past the grade of private (E-1).
- An Associates Degree and special skills that are required by the State Guard to receive an appointment to warrant officer or, if two years prior active service, to a commissioned officer.
- A Bachelors Degree to receive an appointment as a commissioned officer or have prior service as an officer.
- A clear police check with no felonious charges or excessive misdemeanors.

If you meet membership requirements, please complete and return the enclosed form and the "*Required*" documents. Please also include any of the other qualifying documents that apply.

- SCSG Form 20\66 – Record of Basic Data (Enclosed) *Required*
- Copy of birth certificate (*Required*)
- Copy of social security card (*Required*)
- Copy of drivers license (*Required*)
- Copy of high school diploma or GED
- Copy of DD214 or NGB 22 or discharge from Reserve (While prior Federal service is not required for membership, if individual has prior service these documents are required.)
- Copy of associates, bachelors, masters, or doctoral degree
- Copy of all pertinent civilian education documentation (e.g.: police or fire academy, EMT, etc.)
- Verification of ROTC
- Special training documentation (e.g.: FEMA, Red Cross, National Safety Council or other)
- Civilian licensed skills (e.g.: CDL)

When the State Guard receives your completed packet, a recruiter will contact you to discuss your unit assignment and your rank.

Once again thank you for your interest and we look forward to having you as part of the South Carolina State Guard. Should you have any questions, you may visit our website at [www.scsq.org](http://www.scsq.org) or call 803-253-4128 or toll free at 1-866-238-3181.

**South Carolina State Guard  
Recruiting and Retention Detachment  
Olympia Armory  
551 Granby Lane  
Columbia, South Carolina 29201**

(Rev 20 Feb 07)

# STATE GUARD WEIGHT FOR HEIGHT TABLE

Height In Inches	MALE				FEMALE			
	AGE							
	17-20	21-27	28-39	40+	17-20	21-27	28-39	40+
58	—	—	—	—	120	123	127	131
59	—	—	—	—	124	128	131	135
60	145	150	153	155	128	132	135	140
61	150	154	158	161	132	136	140	144
62	155	158	163	165	138	142	145	151
63	160	164	168	170	142	146	151	155
64	165	169	174	176	146	151	155	160
65	171	175	179	182	151	155	160	164
66	176	179	185	187	155	161	165	169
67	182	186	191	194	160	164	169	175
68	187	191	197	199	165	169	175	180
69	193	197	202	205	169	174	179	185
70	198	204	208	211	175	179	185	190
71	204	208	213	217	179	184	189	195
72	209	215	220	223	184	189	195	201
73	215	220	226	229	189	195	200	207
74	221	227	232	235	196	201	208	213
75	227	233	239	242	201	207	213	220
76	233	239	245	249	208	213	220	227
77	240	245	252	255	212	219	226	232
78	245	252	259	262	218	224	231	238
79	252	259	265	268	223	230	237	244
80	257	264	272	275	229	235	242	250

**Adjusted to reflect a 10% increase over active duty weight for height table**

# RECORD OF BASIC DATA

## SECTION I – GENERAL

1. NAME OF APPLICANT (Last, First, Middle. If no middle name, write NMN)						2. SOCIAL SECURITY NUMBER (MANDATORY)	
3. CURRENT RESIDENTIAL ADDRESS (Number, Street, City, State, ZIP)						4. MAILING ADDRESS IF DIFFERENT THAN #3	
5. HOME PHONE NUMBER (     )		6. E-MAIL ADDRESS				7. FAX NUMBER (     )	
8. CELL PHONE NUMBER (     )		9. BUSINESS PHONE NUMBER (     )		10. SEX	11. PLACE OF BIRTH (City, County, State)		12. CITIZENSHIP
13. HEIGHT	14. WEIGHT	15. HAIR COLOR	16. EYE COLOR	17. COMPLEXION	18. BLOOD TYPE	19. DATE OF BIRTH (Day, Month, Year)	
20. SCSG UNIT (Co/Bn/Bde)		21. (PARA/LINE)	22. POSITION DESCRIPTION		23. MARITAL STATUS	24. SPOUSE'S FIRST NAME	
25. OTHER NEXT OF KIN FOR EMERGENCY NOTIFICATION							
Relationship and Name			Address				
26. NAME OF PRESENT EMPLOYER (State if self-employed)					27. JOB TITLE		
28. ADDRESS OF EMPLOYER (Number, street, city, ZIP)						29. FROM - TO	
30. FORMER EMPLOYER (Name)			31. ADDRESS (Number, street, city, ZIP)			32. FROM - TO	
33. FORMER EMPLOYER (Name)			34. ADDRESS (Number, street, city, ZIP)			35. FROM - TO	

36. CIVILIAN EDUCATION (List high schools, trade schools, colleges and universities attended):				
<u>Name of School</u>	<u>Location (City &amp; State)</u>	<u>Graduate (Y/N)</u>	<u>Year</u>	<u>Degree or Rating Awarded</u>

## SECTION II – MILITARY SERVICE

1. PRIOR MILITARY SERVICE (List each major period of duty) : IF NONE, CHECK HERE <input type="checkbox"/>					
<u>From - To (Day/Month/Year)</u>	<u>Highest Grade</u>	<u>Armed Force</u>	<u>Branch</u>	<u>Duty Assignment</u>	<u>Last Unit &amp; Station (Location)</u>

2. MILITARY SERVICE MEDALS, COMMENDATIONS, CITATIONS AND DECORATIONS AWARDED:			
3. MILITARY SCHOOLS COMPLETED:			
<u>Name of Course</u>	<u>Name of Service School and Location</u>	<u>Year Completed</u>	<u>Qualification Awarded</u>
<b>SECTION III - LEGAL</b>			
<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY, ARRESTED, CHARGED, CITED, DETAINED, OR HELD BY ANY LAW ENFORCEMENT OR JUVENILE AUTHORITIES, <b>OR</b> HAVE YOU EVER BEEN CONVICTED, FINED OR FORFEITED BOND TO ANY JUDICIAL AUTHORITY, <b>OR</b> HAVE YOU EVER BEEN ADJUDICATED A YOUTHFUL OFFENDER OR JUVENILE DELINQUENT, <b>OR</b> HAVE YOU EVER BEEN DETAINED, HELD IN OR SERVED TIME IN ANY JAIL, PRISON OR REFORM OR INDUSTRIAL SCHOOL OR JUVENILE FACILITY OR INSTITUTION, <b>OR</b> ARE YOU NOW UNDER SUSPENDED SENTENCE, PAROLE OR PROBATION, <b>OR</b> ARE YOU AWAITING ANY ACTION ON CHARGES AGAINST YOU? HAVE YOU EVER BEEN SUBJECT TO COURT-MARTIAL OR NON-JUDICIAL PUNISHMENT WHILE IN THE MILITARY SERVICE? HAVE YOU EVER USED ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN (TO INCLUDE LSD OR PCP), OR CANNABIS (TO INCLUDE MARIJUANA OR HASISH), EXCEPT AS PRESCRIBED BY A DOCTOR? HAVE YOU EVER BEEN INVOLVED IN THE ILLEGAL PURCHASE, POSSESSION OR SALE OF ANY NARCOTIC, DEPRESSANT, STIMULANT, HALLUCINOGEN OR CANNABIS? (INITIAL ONE) <b>YES</b> _____ <b>NO</b> _____</p> <p><b>ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED WITH ANY ORGANIZATION, ASSOCIATION, MOVEMENT, OR GROUP WHICH ADVOCATES THE OVERTHROW OF THE CONSTITUTIONAL FORM OF THE GOVERNMENT OF THE UNITED STATES OR SEEKS TO OVERTHROW THE GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? (INITIAL ONE) YES</b> _____ <b>NO</b> _____</p> <p><b>IF YOU ANSWERED "YES", EXPLAIN IN SECTION IV.</b></p>			
<b>SECTION IV - CONTINUATION</b>			
CONTINUATION OF INFORMATION FROM ABOVE - IDENTIFY SECTION NUMBER. USE BLANK SHEETS IF MORE SPACE REQUIRED:			
<p><b>I AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE TO ANY OFFICER OF THE SC STATE GUARD ANY RECORD OF CRIMINAL HISTORY ON FILE CONCERNING ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH, (U.S. Code, Title 18, Section 1001), AND MAY LEAD TO IMMEDIATE DISCHARGE.</b></p>			
DATE SIGNED		SIGNATURE OF APPLICANT	